

# Confirmation Retreat

## *Called to Mercy*

### Diocese of Grand Rapids OUR LADY OF CONSOLATION PARISH Parent Permission Form for Retreat Participation

Dear Parent of Legal Guardian:

Your child is eligible to participate in a parish-sponsored activity requiring taking place at OLC Parish. This activity will take place under the guidance and supervision of employees from Our Lady of Consolation Parish. A brief description of the activity follows:

**Name of Event:** Confirmation Preparation Retreat: *Called to Mercy*

**Destination:** Our Lady of Consolation Parish

**Designated Supervisors of Activity:** Shawn Marks

**Date, Time and Place of Drop Off:** OLC HFC – Drop off & Registration – Saturday, January 20, 2018, 8:30AM

**Date, Time and Place of Pick Up:** OLC Church Commons - Saturday, January 20, 6:00PM (after 5:00 Mass)

**Method of Transportation:** Own

**Cost:** None

**What to bring:** Bible

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#### Statement of Consent

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for Saturday, January 20, 2018. I understand that this event will take place on parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Our Lady of Consolation Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize Our Lady of Consolation Parish to obtain necessary medical treatment for my child in case of illness, injury, or accident.

List allergies, medication, contacts, or other pertinent comments:

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Emergency contacts other than yourself: Name \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_

During this event, I can be reached at (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian \_\_\_\_\_ both legal and custodial parent of the minor child named above and I agree to the above terms for myself and for my minor child.

Any restrictions or recommendations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Print Parent's Name)

(Parent's signature)

(Date)

# Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible.

Name of child: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, contact, or other pertinent comments:

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Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstance in my absence.

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent or Guardian)

## PHOTO AND MEDIA CONSENT

As legal guardian of the aforementioned child to participate in the Our Lady of Consolation Parish Formation Programming. I understand that photography and/or video of participants may be procured during Formation Programming and used in promotional materials. I consent to the use of images and likenesses of the aforementioned person, for promotion purposes by Our Lady of Consolation Parish, including the Our Lady of Consolation Parish website and Facebook page.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

